

 <p>Michigan Department of Human Services</p> <p>CSA</p> <p>Children's Services Administration Communication Issuance</p>	Type: <input checked="" type="checkbox"/> Informational Memorandum (IM) <input checked="" type="checkbox"/> Program Instruction (PI) <input type="checkbox"/> Policy Guide (PG)	
	Issuance Date: 7/22/13	Obsolete Date: 7/22/14
	Response Due: n/a	
	Log No.: 13-088	
	Contact: Ed Dinkgrave; dinkgravee2@michigan.gov	
	Originating Office: Adult Services	
	Subject/Title: ASCAP Release and Job Aid	
	Distribution: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> DHS Child Welfare Staff <input type="checkbox"/> Private Agency Child Welfare Staff <input type="checkbox"/> CSA Central Office Managers/Staff <input type="checkbox"/> Native American Tribes <input type="checkbox"/> Data Management <input type="checkbox"/> DHS County Directors <input checked="" type="checkbox"/> Adult Services Staff <input type="checkbox"/> Other: </div> <div> <input type="checkbox"/> BCAL <input type="checkbox"/> CWTI <input type="checkbox"/> SACWIS </div> </div>	

The purpose of this communication is to provide Adult Services staff with information regarding the ASCAP release scheduled for 7/23/13. This release will have the following enhancements. See the attached Release Notes for more details and screen shots. A job aid for the DHS-0566/0577 is also attached and should be used along with the Release Notes.

MSA-4676 Home Help Services Statement of Employment

This form has been added to the forms module and allows the user to select a provider assigned to the case and print the form with the client and provider information. If the selected provider has tasks assigned a Time and Tasks Assignments worksheet will also be printed. Optionally the user can print the form with only the client information or a blank form. When the form is printed it will be noted in the Contacts module.

DHS-0566/0567 Recoupment Letter (ILS/ACP)

This form has been revised and enhanced for completion within ASCAP. ASCAP will display warrant information for the selected case and solicit all necessary information to complete the letter. When the form is printed it will be noted in the Contacts module (including text of the letter) and a copy will automatically be emailed to MDCH-Bureau of Finance, Medicaid Collections unit.

Attachments (2)

Job Aid
Recoupment Process/DHS-566/567
ASCAP & Policy

	<u>Policy/Process</u>	<u>ASCAP</u>
References	ASM 165 Overpayment & Recoupment Process	ASCAP Release Notes: 5.33.10
Definition	<ul style="list-style-type: none"> When payments are made in an amount greater than allowed under policy, an overpayment occurs. When overpayment occurs corrective actions must be taken to prevent further overpayments and to recoup the overpayment. 	Document in ASCAP General Narrative section: <ul style="list-style-type: none"> The overpayment Cause of overpayment Action(s) taken to prevent further overpayment Action(s) taken to initiate the recoupment of the overpayment.
Overpayment Generators	<ul style="list-style-type: none"> Client errors Provider errors Administrative errors Department upheld at an administrative hearing 	
When to Recoup	<ul style="list-style-type: none"> All overpayments less than \$500 will be recouped. Overpayments over \$500 may warrant (if willful) a referral to OIG for investigation. <ul style="list-style-type: none"> If referred for fraud DO NOT initiate the recoupment process. Complete DHS-566 on ASCAP do not send form to client or provider. ASCAP will auto send email/ form to DCH accounting. <ul style="list-style-type: none"> Make OIG fraud referral utilizing DHS-834 form. 	For overpayments referred for fraud investigation: <ul style="list-style-type: none"> Select DHS-566/567 from ASCAP Forms menu. When completing "Reasons" section, select "other" box and type in "referred to OIG" in the comment box. DHS-567 ACP recoupments- No "reason box" appears for ACP cases so if you are referring an ACP case for fraud investigation you MUST send an email to MDCCH accounting

		<p>(MDCH-Medicaid-Collections-Unit@michigan.gov) informing them NOT to proceed with recoupment that the case has been submitted to OIG for a fraud investigation.</p> <p>Document in ASCAP <i>General Narrative</i> section:</p> <ul style="list-style-type: none"> When and why fraud referral was made to OIG.
Forms	<ul style="list-style-type: none"> The DHS-566 is utilized to recoup from ILS/Home Help clients or providers. The DHS-567 is utilized to recoup from AFC/HA providers. 	<ul style="list-style-type: none"> Both forms are generated from the Forms Icon by selecting the DHS-566/567 from the forms menu. Based on the case displayed (ILS or ACP) when entering the Forms Icon the appropriate 566 or 567 form letter will be created.
Recoupment Responsibilities	<ul style="list-style-type: none"> MDCH is responsible for recoupment and setting up payment plans. AS workers are responsible for notifying the client or provider of the overpayment. AS workers are also responsible for notifying MDCH Accounting (MDCH-Medicaid-Collections-Unit@michigan.gov) if any of the following occurs: <ul style="list-style-type: none"> Withdrawal of recoupment action. Overpayment returned to local office prior to initiating a DHS-566/567. Send a DHS-566/567 with overpayment to accounting. 	<ul style="list-style-type: none"> MDCH will be notified of the overpayment by an auto email sent when the AS worker completes the DHS-566/567 on ASCAP.

	<ul style="list-style-type: none"> o If multiple DHS-566/567s are generated (due to error) inform MDCH accounting of correct form letter. 	
Distribution	<ul style="list-style-type: none"> • Send two copies to client or provider, one to send their payment with and one for their records. <ul style="list-style-type: none"> o Best Practice: Once printed write on top of one of the letters, "For your records". • It is no longer required to send MDCH accounting a copy, they will receive an auto email of the letter if the DHS-566/577 is completed electronically from ASCAP Forms. 	
DHS-566/567 Process Steps	<p>Note:</p> <ul style="list-style-type: none"> • For all the features to work do not print blank DHS-566/567 and fill it out by hand. If doing by hand follow distribution instructions in ASMI65 page 5. • Default is for ASCAP to print 2 copies (both sent to client/provider) 	<ul style="list-style-type: none"> • Select case where recoupment needs to occur. • Click on Forms Icon • Click on DHS-566/567 Recoup • ILS/ACP on the Forms menu.
	<p>Note:</p> <ul style="list-style-type: none"> • Must select provider whether recouping from client or provider. • Select the provider: <ul style="list-style-type: none"> o Who is being recouped from or o If recouping from client (dual party) the provider whose name appears on the warrant(s) covering the overpayment period(s). 	<ul style="list-style-type: none"> • The first screen will ask to highlight the provider, if more than one provider has been assigned to the case. • If only one provider has ever been on the case, ASCAP will skip this screen. • Highlight provider on the warrant(s) to be recouped and click OK.

Who	<ul style="list-style-type: none"> • For ACP <ul style="list-style-type: none"> ◦ Recoupment always occurs with the AFC or HA provider. • For ILS/Home Help <ul style="list-style-type: none"> ◦ For single payee warrants, recoupment occurs with the provider. (agencies and single payee to provider) ◦ For dual party warrants recoupment occurs with the client. ◦ Exceptions: <ul style="list-style-type: none"> ▪ Client is deceased or was hospitalized and did not endorse the warrant, recoupment will occur with the provider. 	<ul style="list-style-type: none"> • The next screen begins with asking who we are recouping from the client or provider. <ul style="list-style-type: none"> ◦ ACP cases will auto select "Recoup from: Provider. ◦ ILS cases: <ul style="list-style-type: none"> ▪ If provider relationship (to client) is set as a business, ASCAP will auto select Recoup from: Provider. • Click on Client or Provider (if incorrect or not pre-selected) radio button.
Why	<ul style="list-style-type: none"> • Note: <ul style="list-style-type: none"> ◦ Overpayment does not occur until warrant is cashed. ◦ Do not notify client or provider of recoupment actions if case was referred for a fraud investigation. 	<ul style="list-style-type: none"> • The next question will be the Reason(s) for the recoupment action. • Check one or more reason boxes that apply. • ACP cases do not ask for a reason.
How Much	<p>Note:</p> <ul style="list-style-type: none"> • Home Help agencies and AFC/HA providers frequently receive single warrants with multiple client payments. <ul style="list-style-type: none"> ◦ The left hand side of the screen will only 	<ul style="list-style-type: none"> • The next section is to select the warrants (full or partial amounts) that are to be recouped. • Warrants are listed on the left hand side of the screen.

	<ul style="list-style-type: none"> • show the amount of the client portion. If warrant is selected for recoupment the right hand side of the screen will show both the total amount of the original warrant (all clients) and the client portion. <ul style="list-style-type: none"> ○ If selecting the entire warrant period on a warrant with multiple clients only type in the client portion in the OverPay Amount box. • When calculating overpayment amount it is the net amount (after FICA is removed), not the cost of care (gross) amount that is to be recouped. • If only recouping a portion of the total warrant utilize the following calculation. <ul style="list-style-type: none"> ○ Take the entire amount of the client portion of the warrant and divide by the number of days in the month to come up with a day rate. ○ Multiply the day rate by the number of days to be recouped, the total would be entered in the OverPay Amount box. 	<ul style="list-style-type: none"> • For each warrant to be included in the recoupment: <ul style="list-style-type: none"> ○ Highlight warrant on the left hand side of the screen and click the chevron (>>). Warrant information will appear on the right hand side of the screen. ○ If recouping entire warrant period click the "copy entire service period" button. If recouping only partial warrant enter the dates to be recouped. ○ Enter in the recoupment amount in the OverPay Amount box. <ul style="list-style-type: none"> ▪ If entire warrant amount enter total. ▪ If partial portion of the warrant do the calculation and enter amount to be recouped. ○ The same warrant may be selected more than once as long as different non-overlapping portions of the month are chosen. ○ When one warrant is completed, click the OK button on the right hand side of the screen in the Recoupment Details box. ○ If further warrants need to be added repeat the above steps by
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		<p>selecting another warrant from the left hand side of the screen.</p> <ul style="list-style-type: none"> When all warrants have been added click "ok" on the bottom of the screen.
Printing	<p>Note:</p> <ul style="list-style-type: none"> ASCAP will automatically load a Contact in the Contacts section, that a DHS-566/567 has been printed. ASCAP will also automatically send an email to MDCH accounting to inform them a recoupment action has been initiated. MDCH will then set up an accounts receivable account to accept payment. They will also send follow-up collection letters to the client/provider if payment is not received. The auto email sent to MDCH will NOT appear in the Sent folder of your email. 	<ul style="list-style-type: none"> The screen will return to the Forms menu where you will click Print. ASCAP will auto load a Contact (including text of the DHS-566/567) in Contacts ICON. If a DHS-566/567 for the same recoupment action is created in ASCAP more than once because of error or printer difficulties, MDCH Accounting MUST be notified as to which DHS-566/567 is correct so they can proceed with the recoupment process.

Updated and New Forms:

- All Output Contacts will now start saving the Time as well as the Date the output was printed. Output contacts made prior to this release will not have a time recorded.
- Modified ⁷⁻²¹DHS-0721 (Provider Log)
 - The Two Page version that includes Complex Care was 'checking' Complex Care tasks for providers that did not have that task assigned if another provider on the case had that task assigned. This has been corrected.
 - Adjusted alignment of the 'Yes / No' Checkboxes at the bottom of page 2
 - If you want a Non Complex version 721 with Client Info, but no Provider info printed:
 - Check the "Blank" checkbox and then Un-Check the "Blank" checkbox.
 - Then click Print.
 - Leave the 721 checkbox alone, it will be auto checked when the Blank was checked.
- Modified Forms Menu, Now Includes New MSA-4676 & DHS-0566/0567:

The screenshot shows the 'ASCAP Forms' window with the following categories and items:

Category	Form Name	Blank	Print
Forms	DHS-55 - Svcs Changes	<input type="checkbox"/>	<input type="checkbox"/>
	DHS-133A - Svcs Impact	<input type="checkbox"/>	<input type="checkbox"/>
	DHS-390 - Svcs Appln	<input type="checkbox"/>	<input type="checkbox"/>
	DHS-54A - Medical Needs	<input type="checkbox"/>	<input type="checkbox"/>
	DHS-27 - Info Release	<input type="checkbox"/>	<input type="checkbox"/>
	DHS-1555 - Medical Release	<input type="checkbox"/>	<input type="checkbox"/>
ILS / ACP	Medicaid - ILS Intro Letter	<input type="checkbox"/>	<input type="checkbox"/>
	Medicaid - ACP Intro Letter	<input type="checkbox"/>	<input type="checkbox"/>
	Home Visit Letter	<input type="checkbox"/>	<input type="checkbox"/>
	DHS-1210 - Svcs Approve	<input type="checkbox"/>	<input type="checkbox"/>
	DHS-1212 - Negative Action	<input type="checkbox"/>	<input type="checkbox"/>
	DHS-324 - Comp Assess	<input type="checkbox"/>	<input type="checkbox"/>
	DHS-324a - Service Plan	<input type="checkbox"/>	<input type="checkbox"/>
	DHS-324b - ALP Plan Sign	<input type="checkbox"/>	<input type="checkbox"/>
	DHS-566/567 Recoup ILS/ACP	<input type="checkbox"/>	<input type="checkbox"/>
	DHS-4771 Withholding FICA	<input type="checkbox"/>	<input type="checkbox"/>
APS	APS Refr Acknowledge	<input type="checkbox"/>	<input type="checkbox"/>
	APS Refr Denial	<input type="checkbox"/>	<input type="checkbox"/>
	DHS-331 Fv1 APS Inv Rpt	<input type="checkbox"/>	<input type="checkbox"/>
	DHS-1260-A APS Risk Assess	<input type="checkbox"/>	<input type="checkbox"/>
	DHS-335 APS Case Summary	<input type="checkbox"/>	<input type="checkbox"/>
	DHS-324C Blank Service Plan	<input type="checkbox"/>	<input type="checkbox"/>
Provider	DHS-721 Provider Log	<input type="checkbox"/>	<input type="checkbox"/>
	DHS-2351-X Prov Enrol	<input type="checkbox"/>	<input type="checkbox"/>
	DCH-1625 AFC Prov Agmt	<input type="checkbox"/>	<input type="checkbox"/>
	MSA-4676 HH State/Employment	<input type="checkbox"/>	<input type="checkbox"/>
	MSA-4678 MA HH Prov Agree	<input type="checkbox"/>	<input type="checkbox"/>
	Cover Sheet with Clerk Address	<input type="checkbox"/>	<input type="checkbox"/>

Buttons: Cancel, Print

- **New MSA-4676, (Home Help Services Statement of Employment)**

- The new MSA- 4676 will allow the selection of a Provider assigned to the selected case. The form will then print out with both Client and Provider information filled in.
- Optionally, the provider areas can be left blank by using a button on the **Pop up** screen. The entire form can be printed 'blank' by checking the Blank check box on the main Forms screen.
- If a Provider is selected that has **Tasks** assigned, a Time and Task Assignments **Addendum** will be printed.
- Most of Section 3 of the form will not be filled in and must be filled in at interview.
- A **Contact** record will be created documenting the Provider selected and the Tasks printed.

MSA-4676 Home Help Service Statement of Employment

Please Select Provider

Customer: Michael Adams Log#: 0291418-01

Name	Provider ID	Type	Address	Start	End
ADAMS-MALINOWSKI TINA...	9551071	HH	9445 JONES RD, ...	3/17/2005	

Provider Details:

Start Date: 03/17/2005 ADAMS-MALINOWSKI TINA M

Relationship: Parent 9445 JONES RD

Pay Rate: 8.00 BELLEVUE, MI 49021

Optional Verification Made By

Verification of Picture ID made by:

Start Date of Service: / /

Required Start Date

Click here to leave Provider areas blank

Cancel

No Provider

OK

- Provider will be solicited if the Referral has more than one provider:

o For ILS referrals, Reason & Recoup From will be solicited:

[illegible]

- For ACP referrals, only Warrant info will be solicited:

DIHS 0566/0567: Recoupment Letter

Recoup money from: ☐ Clerk ☒ Provider
 Provider: PASSION AND CARING HOME FOR THE ELDERLY

Clerk: W/M
 Provider: PASSION AND CARING HOME FOR THE ELDERLY

For ACP cases, Recoup from defaults to "Provider".

Select Warrant(s) for Recoupment below

ACP does not have Recoupment Reasons to choose from, the letter will have standard text for ACP recoupment.

Instructions:
 To select Warrants, Highlight the Warrant in the LEFT window pane then click the >> button. Enter the overpayment time period and amount then click OK.
 To Remove a selected warrant from the RIGHT window pane, Highlight it and click the << button.

Warrant Details - Click >> to Select

Start Date	End Date	Warrant DL	Number	Amount
04/01/2011	04/30/2011	05/17/2011	244151669	192.38
03/01/2011	03/31/2011	04/14/2011	243951445	192.38
02/01/2011	02/28/2011	03/17/2011	243757250	192.38
01/01/2011	01/31/2011	02/17/2011	243544657	192.38
12/01/2010	12/31/2010	01/13/2011	243323113	192.38
11/01/2010	11/30/2010	01/13/2011	R 243323...	180.71
10/01/2010	10/31/2010	11/12/2010	242940777	192.38
09/07/2010	09/30/2010	10/14/2010	242751447	192.58
08/01/2010	08/31/2010	09/16/2010	242555161	192.38
07/01/2010	07/31/2010	08/12/2010	242340365	192.38
06/01/2010	06/30/2010	07/20/2010	242100633	192.38
05/01/2010	05/31/2010	07/22/2010	242176266	192.38
04/01/2010	04/30/2010	07/22/2010	242176266	192.38

Selected Warrants - Click << to Remove

Start Date	End Date	Warrant DL	Number	Amount	Overpay Am
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Cancel Ok

- For both ACP & ILS referrals, Warrant data will be displayed for selection. You must highlight the warrant, then click on the arrow to add or remove.

DIHS 0566/0567: Recoupment Letter

Recoup money from: ☐ Clerk ☒ Provider
 Provider: TOTAL LIVING HOME HEALTH CARE

Clerk: Michael
 Provider: TOTAL LIVING HOME HEALTH CARE

Reason(s) - Checked reasons are not specific to all warrants

☐ Home help services were not provided
☒ Client was hospitalized
☐ Client moved into a facility (AFC/HA/HH)
☐ Client moved out of state
☐ Other

☐ Provider moved out of state
☐ Client incarcerated
☐ Provider incarcerated
☐ Client died
☐ Provider died

To select a Warrant click the >> arrow.

Instructions:
 To select Warrants, Highlight the Warrant in the LEFT window pane then click the >> button. Enter the overpayment time period and amount then click OK.
 To Remove a selected warrant from the RIGHT window pane, Highlight it and click the << button.

Warrant Details - Click >> to Select

Start Date	End Date	Warrant DL	Number	Amount
05/01/2013	05/31/2013	06/06/2013	248472838	1179.38
04/01/2013	04/30/2013	05/08/2013	248337123	1179.38
03/01/2013	03/31/2013	04/01/2013	248175199	1179.38
02/01/2013	02/28/2013	03/07/2013	248033373	1179.38
01/01/2013	01/31/2013	02/07/2013	247890912	1179.38
12/01/2012	12/31/2012	01/04/2013	247717328	1179.38
11/01/2012	11/30/2012	12/07/2012	247577264	1179.38
10/01/2012	10/31/2012	11/09/2012	247430905	1179.38
09/01/2012	09/30/2012	10/05/2012	247261365	1179.38
08/01/2012	08/31/2012	09/06/2012	247089676	1179.38
07/01/2012	07/31/2012	08/09/2012	246933303	1179.38
06/01/2012	06/30/2012	07/08/2012	246760688	1179.38
05/01/2012	05/31/2012	06/07/2012	246586738	1179.38

Selected Warrants - Click << to Remove

Start Date	End Date	Warrant DL	Number	Amount	Overpay Am
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To remove an already selected Warrant, click the << arrow.

Cancel Ok

- [illegible]

- A maximum of 50 Warrants can be selected if only one Reason is selected.
- If 2 reasons are selected, then only 49 warrants can be selected. This is because a Contact record is created documenting the Recoupment letter and the Contact system has limited storage to hold the selected warrant information.
 - If more than 50 warrants will be recouped, a separate or multiple letter(s) will be required. You can use the Reason of "Other" (for ILS only) to explain that the Totals from all of the letters is the total debt owed.
- Contact record will be created documenting all data selected/printed.
- A copy of the Letter will automatically be emailed to MDCH-Bureau of Finance, Medicald Collections unit.
- Two copies of the letter is the default setting. It is intended that both copies be mailed to the client/provider. Hand- write across top of one of the letters, "For your records".